Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (850)222-1092 Phone

Fax Number

: (850)878-5926

LORIDA/FOREIGN LIMITED LIABILITY CO.

Palmetto Stor-N-More Self Storage, LLC

Certificate of Status	. 1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

		C TOTAL		
TO: Registration Section Division of Corporation	13		•	
SUBJECT: Palmet	To Stor-A (Name of Limited	-More Self 5	torage, LLC.	
The enclosed Articles of Organic	union and fee(s) are su	buritted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Daryl	T. Brown	lame of Person)	·	
		ss Centers, In	oc	
6915 Wes	tchyster i	(Address)		
Bradenton: FL 34202 (City/State and Zip Code)				
For fluther information concerni	ny; tinis matter, please c	ali:		
Daryl J. Br	bulk	at (941) 907. (Area Code & Daytime Te	BB60 lephone Number)	
Enclosed is a check for the fol	kowing amount:			
\$125.00 Filing Fee \$1: Certif	SC.00 Filing Fee & iests of Status	S155.00 Filing Fee & Certified Copy (additional copy is exclosed)	S160.00 Filing Fee, Cartificate of Status & Cartified Copy (additional copy is enclosed)	
Regist Divisi P.O. I	ng Address ration Section for of Corporations dos 6327 unseec, FL 32314	Street/Coarier Address Regionation Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	nė	

MULLES OF	ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - N The name of the	ame: Limited Liability Company is	u.
Palmetto (Muss and with the we	Stor N-More Set F	Storage, LLC ited Company for their abbraviation "LLC," or "L.C.,")
ARTICLE II - A		orincipal office of the Limited Liability Company is:
Principal Office	Addres:	Mailing Address:
6915 Westel Bradenton.		6915 Westchester Cir. Bradenton, FL 34202-2583
	Danistaned Ameri Danistana	d Office, & Registered Agent's Signature:
(The Limited Liability	Company cannot serve as its own Regi an active Florida registration.)	stered Agent. You must designate an individual or another
(The Limited Liability business entity with	Company cannot serve as its own Regi	stered Agent. You must designate an individual or another
(The Limited Liability business entity with	r Company cannot serve as its own Regi an active Florida registration.) e Florida street address of the	stered Agent. You must designate an individual or another registered agent are:
(The Limited Liability business entity with	· Company cannot serve as its own Regi an active Florida registration.)	stered Agent. You must designate an individual or another registered agent are: ttion System
(The Limited Liability business entity with	Company cannot serve as its own Regi an active Florida registration.) e Florida street address of the C T Corpora	stered Agent. You must designate an individual or another registered agent are: ttion System
(The Limited Liability business entity with	r Company cannot serve as its own Region active Florida registration.) e Florida street address of the C T Corpora Name 1200 South Pin	stered Agent. You must designate an individual or another registered agent are: ttion System
(The Limited Liability business entity with	r Company cannot serve as its own Region active Florida registration.) e Florida street address of the C T Corpora Name 1200 South Pin	stered Agent. You must designate an individual or another registered agent are: ttion System e te Island Road idress (P.O. Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System

(C T Corporation System

(REQUIRED)

(CONTINUED)
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06 FEB 22 AM 10: 43
SECRETARY OF STATE
TALLAHASSEE, FLORING

FLOGE - 9409/03 IC T Byminio Opfitie

ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Interstate Business Centers, Inc. 6915 Westchester Cir Bradenten, FL 34202
MGR	Thrul J. Brown 6915 Westchester Cir. Brodenston, FL 34202
MGR	Frum Burns, Trustee of the Gray M Burns Family Trus 403 E. Madison St. 3te 400 Tampa. FL 33602
(Use attachment if necessary)	

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Algusture of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this decument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

1. Burns
Typed or printed name of signee

Filing Poes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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